

**Maryland Board of Pharmacy**  
 4201 Patterson Avenue  
 Baltimore MD 21215-2299  
 Phone: 410-764-4755  
 Fax: 410-358-6207  
[www.dhmf.maryland.gov/pharmacy](http://www.dhmf.maryland.gov/pharmacy)



## Pharmacist Administration of Vaccinations Registration Form

Registration is required for pharmacists who administer certain vaccinations as set forth under Code of Maryland Regulations 10.34.32. Mail to Maryland Board of Pharmacy, P.O. Box 1991, Baltimore, MD 21203-1991; email to [dhmf.mdbop@maryland.gov](mailto:dhmf.mdbop@maryland.gov), or fax to 410-358-6207.

PRINT OR TYPE ONLY

SECTION 1 – PHARMACIST INFORMATION					
Name:					
Maryland License #:		License Expiration Date:			
Street Address:					
City:		State:		Zip:	
Home Phone:					
Work Phone:					
Email Address:					

SECTION 2 – PERMIT HOLDER INFORMATION (IF APPLICABLE)					
Name:					
Permit #					
Street Address:					
City:		State:		Zip:	
Telephone Number:					
Fax Number:					
Company Web Address:					

TRAINING		
CERTIFICATION	YES OR NO	DATE OF COMPLETION
Vaccination Certification course obtained post-2016 through ACPE Accredited Pharmacy School		
CPR Certification ( <b>must be obtained through in-person classroom instruction</b> )		

CPR CERTIFICATION		
DATE OF COMPLETION	EXPIRATION DATE	COPY ENCLOSED (YES/NO)

I certify that the above information is true, correct, and complete; and if such certification is granted, I agree to abide by the laws surrounding administration of influenza, herpes zoster and pneumococcal pneumonia vaccinations in the State of Maryland, all civil and criminal laws, as well as the rules and regulations promulgated by the Maryland Board of Pharmacy. By signing this application, I understand that any violation may constitute grounds for revoking this certification to administer vaccinations in the State of Maryland.

Signature:	_____
Date:	_____

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